Self-Sufficiency Plan

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Case Nai	me:						F <i>A</i>	ACTS Case #	: 		
Roomma	ntes/Child(ren):										
Local DO	CF Office:			DCI	F IL Coord	inator:					
Case Pla	Planning Conference Date: Previous Case Plann					nference Fro	m:	to:			
Case Pla	n is effective from:		<u>-</u>			to:					
Date of l	ast completed CLSA:										
Youth/Y	oung Adult Strengths and Resou	rces:									
Has a State or Federal Court of competent jurisdiction adjudicated this youth as delinquent in the custody of Kansas Department of Corrections-Juvenile Services? Yes No If yes, date:											
Highest g	grade completed (K-12, post-seco	ondary, etc.):									
If youth has graduated/completed their GED, enter date this occurred:											
A. Self-Sufficiency Goal is Maintain at Home (MFM) Service Type: Self-Sufficiency (SS) Services to Be Provided (check all that apply of the following which areas expected to be utilized during this case planning period): ETV and/or Tuition Waiver (still under CWCMP)											
	Subsidy/ icational Plan	dy/ nent Plan	ETV		ase Mana asic Chafe			ition Waiveı	Service	mily Transition	
Self- Suf	fficiency Objective(s) (at least 1-	no more than	3):	1 1							
						T					
	dent Living Services to be Prov					Housing Education IL08N Health Education and Risk Prevention IL09N					
	Special Education	IL01									
	Needs Assessment					Family Support and Marriage Education IL10N					
	Academic Supports	IL03				Mentoring			IL11N		
	Post-Secondary Education Suppo										
	Career Preparation	IL05				Room and Board Financial Assistance IL13N					
	Employment or Vocational Programs IL06N					Education Financial Assistance IL14N					
	Budget and Financial Manageme	ent IL07	⁷ N			Other Fina	ncıal Assı	stance	IL15N		
Task #	Measurable Short-	-Term Tasks	s toward Ach	iievemei	nt of Self S	Sufficiency		Responsib	le Person/Agency	Target Date	
									-		

Self-Sufficiency Plan

B. Complete ONLY if IL Subsidy eligible										
The YOUNG ADULT hereby agrees:										
To complete secondary education or equivalent:	o complete secondary education or equivalent:									
2. To find or continue employment while in school / educa	To find or continue employment while in school / educational program for:									
3. To find or continue employment while on break from sci	hool / educational	program for:		hours per week						
4. To seek employment or employment training to reach se										
5. To accept part time employment while seeking full time										
6. To spend my money according to the completed budget										
7. That this agreement will be reviewed should my earnings change; and that subsequent agreements may authorize a new subsidy payment.										
8. To contact my DCF IL Coordinator through visit, teleph		times per month								
9. To meet-with my DCF Independent Living Coordinator	To meet-with my DCF Independent Living Coordinator at a minimum frequency of:									
0. To meet with my Mentor at a <i>minimum frequency of</i> : □ NA-Youth doesn't have a mentor										
11. To reside at the following address:										
12. To let DCF and my Mentor know of changes in my situation (including but not limited to address changes, work, school or living situation) within 72 hours.										
13. That if I do not fulfill the responsibilities listed above, my Independent Living Subsidy will end.										
DCF hereby agrees:										
1. To pay Independent Living Subsidy in the following monthly amount: From: To:										
Start Date of Subsidy End Date of Subsidy										
2. To provide information for the Young Adult about medi	cal services while	he/she is in the program.								
3. To arrange to meet with the Young Adult as specified above.										
4. To arrange case reviews as required by DCF policy and as requested by the Young Adult and/or Mentor.										
MENTOR: If the youth has a mentor, see most recent PPS 7220 Mentor Statement of Agreement. The Mentor Statement of Agreement shall be completed at every case plan, if applicable. Mentors shall have a completed Appendix 7H Mentor Application on file.										
C. Complete ONLY if ETV eligible										
If young adult plans to engage in an ETV plan while attending a post-secondary institution or training program, is form PPS 7001 ETV Program Plan attached? The PPS 7001 shall be reviewed, updated, and approved at every case plan or when circumstances change. ETV verification must be from the DCF IL Coordinator.										
D. Self-Sufficiency Plan Participants										
Signatures	Signatures	Date								
Youth:		DCF IL Coordinator:								
Mentor:		Other Participant:								
*IL Supervisor:		*DCF IL Coordinator:								
*By signing above I verify eligibility and approve services for	*By signing above I verify eligibility and a	this youth *								

